

4937

If a case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH			
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS.		Ter. Index No. <u>116</u>	
District of <u>Hayden</u>		ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>224</u>			
Town of <u>Hayden</u>		Local Registrar's No. _____			
City of _____		(No. _____ St; _____ Ward)		Born <input checked="" type="checkbox"/> YES Alive <input checked="" type="checkbox"/> NO	
FULL NAME OF CHILD _____					
If child is not named, make Supplemental Report on blank obtainable from local registrar.					
Sex of Child <u>female</u>	Twin, Triplet or other _____	and _____	Number; in order of birth <u>6</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct 21</u> 19 <u>12</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>H. Ricca</u>			Full Maiden Name <u>Mary Marquez</u>		
Residence <u>Hayden Ariz.</u>			Residence <u>Hayden Ariz.</u>		
Color or Race <u>Austrian</u> Age at last Birthday <u>50</u> (Years)			Color or Race <u>Mex.</u> Age at last Birthday <u>34</u> (Years)		
Birthplace <u>Austria</u>			Birthplace <u>Mexico</u>		
Occupation <u>Taylor</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>6</u>		Number of children, of this mother, now living <u>1</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 21</u> 19 <u>12</u> , at <u>1 P. M.</u>					
*When there is no attending physician or midwife, then the householder should make this return.			(Signature) <u>C. B. Wiley</u> (Attending physician, midwife, householder, *)		
Given or christian name added from a supplemental report _____ 191____			Address <u>Hayden Ariz.</u>		
<u>091-1021-449</u> COUNTY REGISTRAR			Filed <u>Nov 1</u> 191 <u>2</u> Filed <u>Nov 5</u> 191 <u>2</u> LOCAL REGISTRAR. <u>B. G. Gray</u> COUNTY REGISTRAR.		